Massachusetts Board of Registration in Nursing
Board News...

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boards/rn

The mission of the Board of Registration in Nursing is to *lead* in the protection of the *health, safety and welfare* of the citizens of the Commonwealth through the fair and consistent application of the statutes & regulations governing nursing practice & nursing education

What's New...

RN Renewal Begins. 2008 is an RN license renewal year. All RN's must renew their license on or before their birthday. Please be sure that the Board has your current mailing address on file to ensure receipt of the Board's renewal notice. If you have moved within the past two years, and failed to notify the Board your renewal form will not reach you at your current address. You may change your address online at www.mass.gov/dph/boards/rn or by sending a written or faxed notice to the Board office. The fax number is 617-973-0984. Please remember that without a current license you may not practice legally.

APRN Status. Many Advanced Practice Registered Nurses (APRN) authorized as either a Nurse Anesthetist (NA), Nurse Midwife (NM), Nurse Practitioner (NP), or Psychiatric Mental Health Clinical Nurse Specialist (PC) use the license renewal time to drop their APRN authorization. If you wish to drop your APRN authorization and renew only the RN portion of your license you must notify the Board office in writing. Please do not change the renewal coupon you receive in the mail for this purpose. If you decide to change your authorization status please send written notice to; Gino Chisari, Deputy Executive Director, Massachusetts Board of Registration in Nursing, 239 Causeway Street, Boston, MA 02114 in enough time for a new renewal coupon to be generated and mailed to you.

Continuing Education. In order to be in compliance with license renewal requirements you are to have earned since your last renewal fifteen (15) contact hours of continuing education. For detailed information on mandatory continuing education please visit www.mass.gov/dph/boards/rn > CONTINUING EDUCATION > Frequently Asked Questions. The regulations governing continuing education found at 244 CMR 5.00: Continuing Education, and are available at www.mass.gov/dph/boards/rn > STATUTES, RULES and REGULATIONS > Rules and Regulations - 244 CMR for your reference.

Notice to Employers. All employers as well as other interested persons are encouraged to use the Check-a-License and the Disciplinary Actions functions upon hire and on a regular schedule such as the license renewal time. Disciplinary actions taken by the Board each month are posted at www.mass.gov/dph/boards/rn > COMPLAINT RESOLUTION> Disciplinary Actions.

A note of Thanks. The Board extends warm appreciation to the following nurses who participated in the 2007 Item Writers Workshop at the National Council of State Boards of Nursing (NCSBN). The Item Writers workshop is held

periodically by NCSBN for both the NCLEX-RN ® and NCLEX-PN ® to generate test items for the NCLEX ®. In 2007 the following Massachusetts nurses participated: Michelle Colleran Cook, Tim Bruce Chilcott, Cathleen Santos, Kathleen Marie Sullivan, John P. Deckro, and Anne M. Zabriskie.

Tamper-Resistant Prescriptions. In September 2007, the Board among other organizations was notified of new requirements for tamper-resistant prescriptions for those APRNs with prescriptive authority who participate in Medicaid. The new requirement goes into effect on April 1, 2008, and applies to both prescription and over-the-counter drugs prescribed for MassHealth members. The intent of this law is to reduce forged and altered prescriptions and to deter drug abuse. The requirement is applicable when MassHealth is the primary or secondary payer of the prescription being filled. It also includes drugs prescribed for MassHealth members in nursing facilities if MassHealth is making any payment for the drugs. For additional information please see Centers for Medicare & Medicaid Services (CMS) Letter to State Medicaid Director (SMDL #07-012,8/17/2007). The full letter is available at: http://www.cms.hhs.gov/SMDL/downloads?SMD081707.pdf. Or by contacting MassHealth Customer Service at 1-800-841-2900.

New Federal Rule on Prescriptions: Effective December 19, 2007, amendments to 21 CFR 1306 allow practitioners to provide individual patients with multiple prescriptions, to be filled sequentially, for the same Schedule II controlled substance, with such multiple prescriptions having the combined effect of allowing a patient to receive over time up to a 90-day supply of that controlled substance.

On the state level the Board of Registration in Pharmacy determined that the Date of Issuance needed to be clarified and adopted the following policy at their December 2007 Board meeting:

In order to comply with M.G.L. c.94C, § 23, and the amended DEA regulation, the “Date of Issuance” shall be the “Do Not Fill Before” date (or similar language) indicated by the prescriber. The “Date Written” shall be the date that the prescription was written and signed by the prescriber. Thus, in accordance with M.G.L. c.94C, § 23, such a written prescription will become invalid 30 days after the date of issuance. For additional information please visit; www.mass.gov/boards/ph or the DEA website at; http://www.deadiversion.usdoj.gov/fed_regs/rules/2007/fr1119.htm

Former Board Member Honored. Former Board Member, Janet Dewan, RN/NA has been named the 2007 Didactic Instructor of the Year by the American Association of Nurse Anesthetist (AANA). The award was established in 1991 and is presented to an individual who has made a significant contribution to the education of student nurse anesthetists in the classroom. Ms. Dewan, who served as an APRN Board Member between 1995 and 2003, is currently the associate program coordinator at Northeastern University in Boston, as well as a staff nurse anesthetist at Tufts New England Medical Center and Winchester Anesthesia Associates. Congratulations Janet!

Update to the Revisions to 244 CMR 4.00. The regulations at 244 CMR 4.00 are those that govern Advanced Practice Registered Nursing (APRN). The Board

has been actively engaged in revising these regulations over the past three years. A final draft was accepted by the Board in July 2007, and pursuant to the law it was forwarded to the Board of Registration in Medicine (BORIM) for their agreement on those areas concerning prescriptive privileges and the role of the supervising physician. The BORIM has expressed some concerns with the proposed language regarding these two areas which the Board responded to in early fall 2007. Please watch the website; www.mass.gov/dph/boards/rn for new information as it becomes available.

Medical Spa update. Since November 2006, the Board has participated on the Medical Spa Task Force organized by the Board of Registration in Medicine (BORIM) which was legislatively created by the Acts of 2006. Other participants include the Board of Registration in Cosmetology, Board of Registration in Electrology, 4 physicians, 1 nurse, 1 consumer and 2 legislators. The goal of the task force has been to study the complex issue of medical aesthetics and the use of laser and light-based devices for cosmetic purposes and to formulate recommendations to be presented to the legislature that ultimately will result in new regulations governing who, where and under what circumstances an individual can practice medical aesthetics and utilize laser and light-based devices. For additional information on the activities of the Task Force please visit the Board of Registration in Medicine website at www.massmedboard.org .

From the Board Chair

Diane Hanley, RN, MS- Chair, Board of Registration in Nursing

Happy New Year! The new year is generally the time that most people make (with very good intentions) a new year's resolution. Unfortunately, many resolutions are overly aggressive and many of us fail to stick to it over the long haul. This year my resolution is one that I think I will be able to stick to for a long time. It is to remind myself daily (okay, weekly) why it is I became a nurse.

I remember being close to graduation from St. Anselm College School of Nursing and being filled with anticipation about my first job as a Registered Nurse. I recall that I was sure I was not going to be one of those nurses I met during my clinical rotations that always seemed so sour and cranky to us students. I remember saying to myself, "I will never treat a student or a new nurse this way." In the years since graduating from St. Anselms I continue to encounter nurses who, although providing safe care to patients, readily vocalize their unhappiness with the nursing profession and often to the patient. I have to admit there have been many days when I joined in the chorus of unhappiness with a particular situation and may have even done so in front of a patient.

Like many of you, I've had truly special mentors in my career. They are special because each of them imparted a gift to me. One very special nurse, an LPN, I worked with as a new nurse taught me that no matter how difficult my shift might be for me, it was going to be over within eight hours, but for the patient or his family their difficulties would go on and on for a much greater time. I

think of her often when my day doesn't go well and I can still hear her words of wisdom built on years of dedicated patient care. So at this time of resolution making I am recommitting myself to the profession that I love so well and will try to remember that no matter how difficult my day might be, it is probably worse for someone else. And, in remembering that, I find the courage, motivation and strength to offer encouragement, hope or comfort to someone else. For me it is the true essence of what it means to be a nurse; giving of myself to someone else for the simple reason of trying to make things a little bit better even if for a brief time.

From the Assistant Director

Carol Silveira, MS, RN, Assistant Director, Board of Registration in Nursing

A Study to Identify Evidence-based Strategies for the Prevention of Nursing Errors

Context: The Fiscal Year 2005 Budget required the Massachusetts Board of Registration in Nursing (Board) to prepare a compilation of complaint cases involving preventable medical errors that were associated with harm to a patient or health care provider for the purpose of assisting health care providers, hospitals and pharmacies to modify their practices and techniques to avoid error.

Design, Setting, and Participants: This descriptive study was designed to examine the incidence and nature of nursing errors among 34 RNs and 44 LPNs selected from the 661 complaint cases closed by the Board between January 1, 2005, and December 31, 2005. The sample was initially chosen by applying a three-tiered selection process in which 97 complaint cases involving 52 RNs and 45 LPNs were identified. On review of the practice setting present in each of the 97 complaint cases, it was noted that 78 of the cases involved both RNs and LPNs practicing in nursing homes. Eighteen of the remaining 19 complaint cases involved RNs who practiced in a variety of institutional and community-based settings and only one LPN who practiced in a physician's office. Although the resulting sample was small, a decision was made to focus data analysis on the 78 nursing home-based cases since they represented 80% of the 97 complaint cases meeting the initial three-tier selection criteria and included both RN and LPNs. Also, the 78 nursing home-based cases represented 12% of the 661 complaint cases closed by the Board in Calendar Year (CY) 2005. Using a case analysis format, data was collected using a modified Taxonomy of Error, Root Cause Analysis and Practice Responsibility (TERCAP™) audit instrument. For the purpose of this study, a nursing error was defined as the failure of a planned nursing action to be completed as intended or use of a wrong nursing plan to achieve an aim (adapted from the Institute of Medicine's 1999 To Err Is Human, Building a Safer Health System definition of "error").

Objectives: 1) Describe the characteristics of the nurse, patient and practice setting; 2) Categorize nursing errors and harm outcome; 3) Examine possible causative or contributive factors at two levels: the nurse and the practice environment; 4) Identify actions taken by the Board and the nurse's employer

in response to the nursing error; and 5) Recommend evidence-based strategies to reduce or prevent the occurrence of nursing errors.

Results: In this study of 78 complaint cases involving 34 RNs and 44 LPNs, seven categories of nursing errors were identified in the care of 62 primarily female patients who were residents of 50 nursing homes (average: 131 beds; median: 125 beds) located in Massachusetts. Nurses involved in nursing errors were primarily female (91%), 44 years of age, graduates of US nursing programs and involved in a single incident nursing error (90%). At the time the nursing error occurred, RNs had been licensed an average of 15 years (median: 9.75 years) while LPNs were known to have been licensed for an average of 11 years (median: 8 years). Seven of the 44 LPNs involved in a nursing error were licensed for 12 months or less (average was 6 months); there were no RNs who were licensed for 12 months or less. Twenty-two (65%) RNs received their basic nursing education at the Associate Degree level. Seventy (90%) of the 78 nurses were known to hold direct care positions; job tenure averaged 3.6 years. Seventeen (22%) of the 78 nurses were employed by temporary staffing agencies. Nursing errors occurred most often between 5:00 p.m. and 6:30 p.m. followed by 5:00 a.m. and 6:30 a.m. Most nurses were assigned to work an eight-hour shift from 3 p.m. to 11 p.m. when the nursing error occurred. Nursing errors by 46 (59%) of the 78 nurses were associated with harm to 37 patients including nine deaths. None of the nursing errors were associated with harm to the nurse. Overall, stress and a “high volume of work”, a lack of experience with particular clinical events, procedures or conditions, and unfamiliar practice settings are among the factors nurses most frequently associate with their ability to practice safely.

Errors in medication administration were the most common error category overall as well as among the seven novice LPNs and the 17 nurses employed by temporary staffing agencies. 50% of the medication administration errors were associated with harm to 15 patients including one death. The majority of medication administration errors were associated with the nurse’s violation of one or more of the “five rights and three checks” of medication administration (administration of medication to the wrong patient because the nurse failed to verify the patient’s identity was the most common violation). Practice environment or “system” factors associated with medication administration errors included frequent interruptions during the medication administration process and the lack of policies requiring “independent double checks” and “read backs”. Medication administration errors among the novice LPNs were also associated with the lack of consistently assigned preceptors and the length of the novice nurses’ transition program.

Errors in clinical judgment were the second most common error category and were associated with harm to 12 patients including six known deaths. Clinical judgment errors were associated most frequently with the nurse’s knowledge deficit, the nurse’s failure to recognize or correctly interpret the implication of the patient’s signs and symptoms and the nurse’s failure to provide adequate patient monitoring. The health care team’s lack of awareness of the patient’s goals, information missing from patient records and communication breakdown including change-of-shift hand-offs were the most common practice

environment-related factors associated with clinical judgment errors.

Overall, the Board imposed 27 remedial sanctions in the interest of public safety; all nurses retained their license to practice. The Board also dismissed the remaining 51 complaint cases following its consideration of substantiating evidence.

Conclusions and Recommendations: Stress and a high volume of work, a lack of experience with particular clinical events, procedures or conditions, and unfamiliar practice settings are among the factors nurses most frequently associate with their ability to practice safely. Competent nursing practice is also associated with the recognition and synthesis of clinical data, and the adherence to standards of nursing practice. This study indicates that while the Board's actions may be perceived as punitive, the data does not bear this out. Evidence-based error-prevention strategies focused on medication administration, heat therapy, resuscitation directives and standardized hand-off communications for use by individual nurses, educators, employers and regulators are recommended. Examples include collaborative efforts among nurses, employers, professional associations, risk management and regulatory agencies to create non-punitive practice environments that support voluntary error reporting; active participation by individual nurses in interdisciplinary root cause analyses; systematic reviews of clinical standards; conducting practice audits; and the issuance of patient safety alerts.

From the Nursing Education Coordinator

Judith Pelletier, RN, MSN, Nursing Education Coordinator, Board of Registration in Nursing

A new year. In academia this generally means that there is only one semester left before RN graduation and the end of intersession for the PN students. For both groups it signals that graduation is right around the corner. In preparation of the upcoming events related to preparing for graduation I would like to remind you of how to advise students regarding two important situations prior to registering for NCLEX ®; Good Moral Character evaluations and Request for Accommodations for NCLEX ®.

Good Moral Character Individuals graduating in Spring or Summer 2008, who will answer "yes" to the license application questions related to a criminal conviction or disciplinary action, are encouraged to submit their documentation demonstrating compliance with the GMC licensure requirement up to eight (8) weeks before graduation. The amount of time that is needed for the Board to determine an initial applicant's compliance with the GMC licensure requirement varies. However, an initial applicant should expect the process will take at least eight (8) weeks.

Please note, only those applicants for initial licensure by examination who answer "yes" to the license application questions related to a criminal conviction or disciplinary action are required to submit a signed release authorizing the Board to obtain Massachusetts Criminal Offender Record Information. Also, these applicants are required to provide a reference from a nursing program instructor who observed the applicant's conduct on a weekly basis throughout

	their enrollment in the nursing education program. The reference must be written on academic institution letterhead, be addressed to the Board, and include the date written, length of time and capacity in which the instructor has known the applicant, and the author's signature. The Board will not evaluate a practical nurse's application for initial licensure as an RN for compliance with the GMC requirement until the applicant has met all requirements imposed by the applicable licensure/certification body in connection with reported disciplinary action and the matter is closed. This is important information for an individual who has discipline against their practical/vocational nurse licensure in Massachusetts or another jurisdiction. Discipline may include, but is not limited to, probation, suspension, voluntary surrender, and/or revocation. All disciplinary matters must be closed and the individual must be eligible for licensure reinstatement prior to evaluation of compliance with the GMC requirement. Only the licensing body that imposed the discipline can make the determination of the individual's eligibility for licensure reinstatement. Both the Good Moral Character policy and the Information Sheet are published on the Applications and Forms section of the Board's web site; www.mass.gov/dph/boards/rn click on Licensing, then Good Moral Character Licensure. The Information Sheet is also distributed with all nurse licensure applications. The Board insures protection of qualified applicants with disabilities in the administration of the NCLEX ® under Title II (Public Entities), Americans With Disabilities Act (ADA). The Board will evaluate all requests for examination modifications to determine whether the applicant: 1) has a disability, as defined by the ADA, and 2) is qualified for protection under Title II. The qualified NCLEX® applicant with a disability must be able to meet the essential eligibility requirements for licensure as a Registered Nurse or Licensed Practical Nurse in the Massachusetts. The Board will recommend approval of reasonable examination modifications to the National Council of State Boards of Nursing (NCSBN). Such modifications must maintain the psychometric nature and security of the NCLEX®. Examination modifications, which fundamentally alter the nature or security of the NCLEX®, are not permitted. Recommendations for approval will be made according to the policies and procedures established by the NCSBN. It is the expectation of the Board that all NCLEX® applicants will be knowledgeable with regard to the examination and licensure requirements, and that qualified NCLEX® applicants with a disability will submit all documentation related to the accommodations application as required. Individuals graduating in Spring or Summer 2008 and who will be seeking accommodations are encouraged to submit the required documentation soon. Information and the Accommodation Request Form can be found at the Board's web site; www.mass.gov/dph/boards/rn click on Licensing, then Applications and Forms. All correspondence and questions should be addressed to Nursing Education Coordinator, Board of Registration in Nursing, 239 Causeway Street,

Boston, MA 02114.

From the SARP Coordinator

Douglas McLellan, RN, MED, SARP Coordinator

Valerie Iyawe, RN, BSN, MBA, SARP Coordinator

Tim McCarthy, LMHC, SARP Coordinator

The Substance Abuse Rehabilitation Program (SARP) is a five-year program which exists to assist nurses who have problems with alcohol and/or other drugs to return to practice while protecting the public's health, safety and welfare. The SARP is established in accordance with Massachusetts General Laws, Chapter 112, section 80F, as a voluntary alternative to disciplinary action for nurses who have alcohol and drug problems. The program philosophy is based on the belief that:

- chemical dependency is a biopsychosocial disease affecting the cognitive, spiritual, emotional and physical being of the individual
- chemical dependency is a chronic, progressive health problem that responds positively to intervention and treatment
- behavioral change is possible and every nurse has the right to pursue recovery
- relapse prevention is a part of ongoing recovery
- recovering nurses are vital contributors to the health care system

The SARP is a five-year program, and participation begins on the date that the nurse participant's signed Treatment Contract is also signed by the Board's Deputy Executive Director. The contract is a legally-binding document outlining the nurse's individual treatment plan requirements. It is required of all SARP participants, with the understanding that the Contract is valid for at least five years. Contract requirements include formal therapy, toxicology screening, attending self-help groups, and regular self-assessment of the individual's progress in recovery, and stipulations for employment, as well as the use of prescribed and over-the-counter medications. Failure to comply with the terms of the Treatment Contract results in termination from the SARP and referral to the Board for appropriate action. All files pertaining to a nurse's participation in the SARP are kept strictly confidential. While SARP participation is confidential, communication among the SARP and the licensee, therapist, nurse employers, and other appropriate individuals is necessary, as specified in the Treatment Contract.

At the end of five successful years of participation, it is expected that participants will be working as nurses without restrictions in practice; that they will be sober and integrated into the recovering community; and that their self-esteem will have been enhanced by their active participation in the

rehabilitation program. For more information on the SARP please visit www.mass.gov/dph/boards/rn or contact any of the SARP coordinators through the Board's main number at 617-973-0800.

From the Licensure Coordinator

Michael Bearse, Administrative Supervisor

Many nurses allow their license to expire. It is not uncommon for a license to be expired for many years when the nurse decides to reactivate it. To reactivate a nursing license please be prepared to supply the Board with the following basic information:

- The request for renewal of an expired license must be in writing, by fax, or in person if the address has changed, otherwise it can be verbally requested;
- It must include name, license number, date-of-birth, social security number or photocopy of other legal identification, and current address;
- Upon receipt of the request a renewal form will be mailed to the address provide.

Once the renewal form is received by the nurse, the renewal process is the same as a basic renewal. The current fee to renew an inactive RN/LPN license is $137.00 and $177.00 for APRNs. The only other requirement for reactivation is that the nurse be in possession of 15 contact hours of continuing education at the time of reactivation.

Please **do not** use the Application for Initial Nurse Licensure for a reactivation.

From NCSBN

At the 2007 Annual Meeting of the National Council of State Boards of Nursing (NCSBN) the Delegates voted to adopt the Guiding Principles of Nurse Regulations. They include:

Protection of the Public

- Nursing regulations exist to protect the health, safety and welfare of the public in their receipt of nursing services.
- Involvement of nurses in nursing regulation is critical to public protection

Competence of all practitioners regulated by the board of nursing

- Nursing regulation is responsible for upholding licensure requirements for competence of the various levels of nursing practice.
- Competence assessment at initial licensure/entry and during the career life of all practitioners.

Due process and ethical decision making

- Nursing regulations ensures due process rights for practitioners
- Boards of nursing hold practitioners accountable for conduct based on legal, ethical and professional standards.

Shared accountability

- Nursing regulation requires shared accountability for enhancing safe patient care.

Strategic collaboration

- Nursing regulation requires collaboration with individuals and agencies in the interest of public protection, patient safety, and education of nurses.

Evidenced-based regulation

- Nursing regulation uses evidenced-based standards of practice, advances in technology, and demographic and social research in its mission to protect the public.

Response to the market place and health care environment

- Nursing regulation requires timely and thoughtful responsiveness to the evolving marketplace.
- Scope of practice clarity and congruence with the community needs for nursing care are essential.

Globalization of nursing

- Nursing regulation occurs at the state level and concurrently works to standardize regulation and access to licensure.
- Nursing regulation requires fair and ethical practices and policies to address the social, political, and fiscal challenges of globalization.

Question of the Month

Q: I have recently been hired as the school nurse in an elementary school. One of the students who is a diabetic presented with an order from his physician that states the child's mother may issue orders for the child's insulin requirements, is this acceptable?

A: No. The Board's regulation at 244 CMR 9.03(38): Administration of Drugs, states in part, "A nurse licensed by the Board shall not administer any prescription drug or non-prescription drug to any person in the course of nursing practice except as directed by an authorized prescriber." The General Laws of Massachusetts at chapter 112, section 80B: Definition of Nursing, states in part that a duly authorized prescriber is, "nurse in advanced roles,

including certified nurse midwives, nurse practitioners and psychiatric nurse mental health clinical specialists; dentists; physicians; and physician assistants."

Scope of Practice Inquiries

Recently the Board has determined the following scope of practice inquiries:

1. It is not within the scope of practice for an LPN (with/without certification) to perform sharp wound debridement.
2. It is not within the scope of practice for an LPN to insert midline venous catheters.
3. It is within the scope of practice for an RN under certain conditions to administer ketamine in a palliative care setting.

For additional information on specific scope of practice inquiries please visit www.mass.gov/dph/boards/rn > NURSING PRACTICE > Advisory Rulings on Nursing Practice.

Safety Alert

The recent media reports concerning a medication error which occurred on the tiny twin infants born to actor Dennis Quaid and his wife, Kimberly highlights the continuing problem of certain medication packaging. The infants were allegedly given a Heparin dose 1000 times the prescribed amount. Despite an earlier FDA warning, some healthcare facilities have not yet implemented policy and procedure to reduce potential medication errors that can occur from medication packaging looking virtually the same on different doses of the same medication. The Board reminds all nurses that the simple formula of the 6 Rights of Medication Administration + 3 checks can virtually eliminate these types of medication errors. The Board reminds all nurses to check a label 3 times before administering any medication no matter how common or routine the medication may seem.

Important Information

- The Board's regulation at 244 CMR 9.03(8): Identification Badge, requires that a nurse who holds a valid license and who examines, observes, or treats a patient in any practice setting shall wear an identification badge which visibly discloses at a minimum his or her first name, licensure status and, if applicable, advance practice authorization.